

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: _____				2 Serial/Patent # 10/521837												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
Filing								\$								
Amendment								\$								
Extension of Time								\$								
Notice of Appeal/Appeal								\$								
Petition								\$								
Issue								\$								
Cert of Correction/Terminal Disc.								\$								
Maintenance								\$								
Assignment								\$								
Other								\$								
				7 TOTAL AMOUNT OF REFUND				\$								
				8 TO BE REFUNDED BY:												
10 REASON:				Treasury Check												
Overpayment				Credit Deposit A/C #:												
Duplicate Payment				9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								--				
		--														
No Fee Due (Explanation):																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME:				<div style="display: flex; justify-content: space-between;"> <div> TITLE: Adjustment Date: 07/25/2005 PKIDWELL 01/27/2005 SNAJARRO 00000119 501379 1052137 PHONE: 500.00 CK </div> </div>												
SIGNATURE:																
OFFICE:																

THIS SPACE RESERVED FOR FINANCE USE ONLY:																
APPROVED:				DATE:												

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: